



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: MARION GENERAL HOSPITAL

City of Hospital: Marion

Year Begin: 07/01/2018 (mm/dd/yyyy format)

Year End: 06/30/2019 (mm/dd/yyyy format)

Person Completing the Report: Karen Chalk

Email Address: karen.chalk@mgh.net

Medicare Provider Number: 150011

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$111103056
Outpatient Patient Service Revenue	\$409735756
Total Gross Patient Service Revenue	\$520838812

2. Deductions From Revenue

Contractual Allowance	\$311364813
Other Deductions	\$29471953
Total Deductions	\$340836766

3. Total Operating Revenue

Net Patient Service Revenue	\$180002046
Other Operating Revenue	\$1879953
Total Operating Revenue	\$181881999

4. Operating Expenses

Salaries and Wages	\$65842280	Employee Benefits	\$19239315
Depreciation and Amortization	\$11139021	Interest Expense	\$2027695
Bad Debt	\$36055	Other Expenses	\$86613852
Total Operating Expenses	\$184898218		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-3006064	Total Assets	\$389201889
Net Non-operating Gains over Loss	\$13069128	Total Liabilities	\$96401070

Total Net Gains	\$10063064
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$224381515	\$165891301	\$58490214
Medicaid	\$97128211	\$71766235	\$25361976
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$199329086	\$103179230	\$96149856
Total	\$520838812	\$340836766	\$180002046

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$271446	\$-271446

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$5890	\$-5890

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$1705139	\$-1705139
Hospital Patients	\$0	\$0	\$0
Community Education	\$234808	\$378055	\$-143247

Number of Medical Professionals Trained	\$6223
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$99622

Statement Six: Charity Statement

Hospital Charity Charges	\$16168793
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$6466063	
HCI Payments	\$0		
Subtotal	\$0	\$6466063	\$-6466063
Medicaid Shortfalls	\$26426199	\$50551332	
Subtotal	\$26426199	\$57017395	\$-30591196
DSH Payments	\$0		
Subtotal	\$26426199	\$57017395	\$-30591196
Medicare Shortfalls	\$50419472	\$89730168	
Other Government Programs	\$0	\$0	
Total	\$76845671	\$146747563	\$-69901892

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$342045	\$-342045
Community Assessment	\$0	\$490	\$-490
Provision of Taxes	\$0	\$247885	\$-247885
Other Allocations	\$0	\$1173911	\$-1173911

Comments

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